

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

DO NOT STAPLE

33333		a Control number		For Official Use Only ▶ OMB No. 1545-0008			
b Kind of Payer	941 <input type="checkbox"/>	Military <input type="checkbox"/>	943 <input type="checkbox"/>	944 <input type="checkbox"/>	1 Wages, tips, other compensation		2 Federal income tax withheld
	CT-1 <input type="checkbox"/>	Hshld. emp. <input type="checkbox"/>	Medicare govt. emp. <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	3 Social security wages		4 Social security tax withheld
c Total number of Forms W-2		d Establishment number		5 Medicare wages and tips		6 Medicare tax withheld	
e Employer identification number (EIN)				7 Social security tips		8 Allocated tips	
f Employer's name				9 Advance EIC payments		10 Dependent care benefits	
				11 Nonqualified plans		12 Deferred compensation	
				13 For third-party sick pay use only			
				14 Income tax withheld by payer of third-party sick pay			
g Employer's address and ZIP code							
h Other EIN used this year							
15 State	Employer's state ID number			16 State wages, tips, etc.		17 State income tax	
				18 Local wages, tips, etc.		19 Local income tax	
Contact person				Telephone number ()		For Official Use Only	
Email address				Fax number ()			

Under penalties of perjury, I declare that I have examined this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature ▶

Title ▶

Date ▶

Form **W-3 Transmittal of Wage and Tax Statements** **2009**
Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration.

Department of the Treasury
Internal Revenue Service